

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA630012757	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2011
NAME OF PROVIDER OR SUPPLIER NORTHRIDGE DIALYSIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9325 RESEDA BOULEVARD NORTHRIDGE, CA 91324		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>Initial Comments</p> <p>The following reflects the findings of the Department of Public Health during an Initial Licensing Survey.</p> <p>Representing the Department of Public Health:</p> <p>Rosalinda Ramos, RN, HFEN Sylvia Villaflores, REHS, HFE I</p> <p>No deficiencies noted.</p>	L 000		

Licensing and Certification Division

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE